

CLAIMS ONLY

Application Number

" Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 8/28/96		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/					
2	X					
3	X					
4		/				
5		/				
6		/				
7		/				
8		/				
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47						
48						
49						
50						
Total Indep.	1					
Total Depend.	22					
Total Claims	23					

* May be used for additional claims or amendments

	*		*		*	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
51						
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99						
100						
Total Indep.						
Total Depend.						
Total Claims						